



UNITED STATES PATENT AND TRADEMARK OFFICE

UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

November 18, 2004

WAGNER, MURABITO & HAO LLP
TWO NORTH MARKET STREET, THIRD FLOOR
SAN JOSE, CA 95113
US

Dear Sir/Madam,

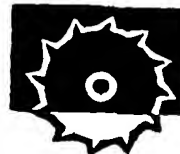
Your refund request for 10814082 in the amount of \$180.00 has been denied .

You have 53 total claims - 20 allowed is 33 we charged for.
 $33 \times 18.00 = \$594.00$

Sincerely,

ELEANOR KURTZ
Technical Center Others
703 308-3642

WMH

FAX COVER SHEETWAGNER, MURABITO, & HAO LLP
2 NORTH MARKET ST.PHONE: (408) 938-9060
FAX (408) 938-9069THIRD FLOOR
SAN JOSE, CA 95113

SEND TO:	DEPOSIT ACCOUNT	FROM:	DONNA PETFORD
ATTENTION:	REFUNDS	DATE:	OCTOBER 6, 2004
FAX NUMBER:	(703) 308-6778	PHONE NUMBER:	(408) 938-9060

☐ URGENT ☒ PLEASE REPLY ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FOR YOUR INFORMATION

TOTAL PAGES, INCLUDING COVER: 1**COMMENTS:**

RE: ERRONEOUS CHARGES- ACCOUNT # 230085

TO WHOM IT MAY CONCERN:

ON JULY 20, 2004, OUR DEPOSIT ACCOUNT WAS CHARGED \$180.00 IN ERROR. OUR RECORDS INDICATE THAT THERE WAS NO ACTIVITY FOR APPLICATION NUMBER 10/814,082 WHICH WOULD REQUIRE AN ADDITIONAL CLAIMS CHARGE.

THE ACCOUNT NUMBER IS 23-0085 AND IT'S DOMAIN IS UNDER WAGNER, MURABITO, & HAO LLP. PLEASE CREDIT OUR ACCOUNT ACCORDINGLY. I GREATLY APPRECIATE YOUR ASSISTANCE. THANK YOU.

SINCERELY,
DONNA PETFORD
WAGNER, MURABITO, & HAO LLP

PHONE#: (408) 938-9060
FAX#: (408) 938-9069
EMAIL: DPETFORD@WMHPATENTS.COM



WMH

☒ Amend this specification by inserting, before the first line, the following sentence:

"This application claims priority to the copending application(s)

☒ Application Number 60/475,801 filed on 06/03/03

which is hereby incorporated by reference to this specification

☐ International Application filed on

which designated the U.S."

FEES DUE

The fees due for filing the specification pursuant to 37 C.F.R. § 1.16 and for recording of the Assignment, if any, are determined as follows:

CLAIMS					
	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEES
Basic Application Fee					\$770.00
Total Claims	53	Minus 20=	23	X \$18 =	\$414.00
Independent Claims	3	Minus 3=	0	X \$86=	\$0.00
If multiple dependent claims are presented, add \$290.00					\$0.00
Add Assignment Recording Fee of \$40.00 If Assignment document is enclosed					\$0.00
TOTAL APPLICATION FEE DUE					\$1,184.00

PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

1. Not enclosed

[] No filing fee is to be paid at this time.

2. Enclosed

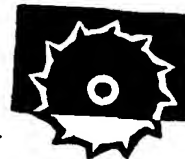
[X] Filing fee

[X] Recording assignment

[X] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085. A duplicate copy of this authorization is enclosed.

FAX COVER SHEET

WMH

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